

Scrotal Exploration for Testicular Torsion

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Open on
phone

WHAT IS THIS PROCEDURE?

Testicular torsion: the testicle twists on its cord and cuts off its own blood supply. It is an emergency; the longer it stays twisted, the more likely the testicle dies.

How it is done: the surgeon opens the scrotum, untwists the testicle and checks whether it pinks up. If it is alive, it is stitched in place (orchiopexy). The other testicle is stitched in place too, so it can't twist later.

If the testicle is dead: it is removed (orchietomy) and sent to pathology.

KEY POINTS

- **Emergency case: time matters.** Get the room ready and the patient in as fast as possible.
- **Both sides are fixed with 4-0 Prolene**, even when only one side is twisted.
- Warm saline and a wrapped lap to check whether the testicle recovers.
- If the testicle is removed: specimen to pathology in formalin.
- Dressing: fluffs and an athletic supporter.

SUPPLIES

Open

- Minor pack, general instruments
- Pediatric laparotomy drape, blue towels
- Grounding pad
- **4-0 Prolene** to fix the testicles
- Closure: 2-0 Vicryl SH; 3-0 Monocryl PS-2
- Warm saline, 1000 mL
- 4×4s, Kerlix fluffs
- Athletic supporter, large
- Bacitracin
- Razor and lubricating jelly (for the shave)

Available in room, open only if asked

- Penrose drain, 1/4 inch
- If the testicle is removed: additional 2-0 Vicryl SH

GLOVES

- 7.5.

ANESTHESIA

- General anesthesia.
- Perioperative antibiotics: cefazolin (Ancef) 2 g IV, unless contraindicated.

PREP AND DRAPE

- Hair: shave before the prep, with a razor and lubricating jelly.
- Betadine scrub and paint: umbilicus to mid-thigh, including the scrotum.
- Square off with towels, then the laparotomy drape.

CAUTERY

- Grounding pad on.
- Valleylab 30/30.

POSITIONING

- Supine.
- SCDs on.

SPECIMEN

- Only if the testicle is removed: to pathology in formalin.